

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 2/16/05 2 Serial/Patent # 10/693,446

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|--|----------------|-----------------|----------|
| Filing | | | \$ |
| Amendment | | | \$ |
| Extension of Time | | | \$ |
| Notice of Appeal/Appeal | | | \$ |
| <input checked="" type="checkbox"/> Petition | | <u>1/5/2005</u> | \$ 130 |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |

7 TOTAL AMOUNT OF REFUND \$ 130

8 TO BE REFUNDED BY:

| | |
|--|-----------------------|
| 10 REASON: | Treasury Check |
| <input type="checkbox"/> Overpayment | Credit Deposit A/C #: |
| <input type="checkbox"/> Duplicate Payment | <u>08--2025</u> |

No Fee Due (Explanation):

Peter Gruner

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: CHARLENE BROWN TITLE: Argy

SIGNATURE: C. Brown PHONE: _____

OFFICE: Patent

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APPROVED: Alan Miller DATE: 2/17/05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B